

POLITICAL/ISSUE AVAIL REQUEST

DATE: 4/23/2018

REQUESTED BY: Sadler Media

ADDRESS: 12103 Viewcrest Road, Studio City, CA 91604

TELEPHONE# 818-506-5443

FAX# : 818-506-8444

ON BEHALF OF CANDIDATE/ISSUE: Newsom for Governor 2018

OFFICE/ISSUE: Governor

PARTY AFFILIATION: Democrat

COMMITTEE: Newsom for California 2018

TREAS./CHAIRMAN: Chairman: Addisu Demissie Treasurer: Jeremy Scherer

ADDRESS: 1887 Tribute Road, Suite K, Sacramanento, CA 95815

TELEPHONE# 916-285-5733

FAX# : 916-333-1344

DATES AND TIMES REQUESTED: ALL

REMARKS:



Newsom for California – Governor 2018
1787 Tribute Road, Suite K
Sacramento, CA 95815

February 1, 2018

Sheri Sadler
Sadler Strategic Media, Inc.
12103 Viewcrest Road
Studio City, CA 91604

Dear Ms. Sadler:

Please accept this letter as authorization to represent the "Newsom for California – Governor 2018". Our official information is as follows:

Name:	<i>Newsom for California – Governor 2018</i>
Address	<i>1787 Tribute Road, Suite K, Sacramento, CA 95815</i>
Phone	<i>916-285-5733</i>
Fax	<i>916-333-1344</i>
Name of Chairman	<i>Addisu Demissie</i>
Name of Treasurer	<i>Jeremy Scherer</i>
FEDERAL I.D.#	<i>47 3030928</i>
FPPC #	<i>1375287</i>

Sincerely,

Addisu Demissie
Campaign Manager
Newsom for California – Governor 2018

AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

☐ **FEDERAL CANDIDATE**

☒ **STATE/LOCAL CANDIDATE**

To Avail Themselves Of The Lowest Unit Charge During A Political Window, Federal Candidates Must Sign The Certification On Page 3

Station and Location:	Date: <div style="font-size: 1.2em; font-family: cursive;">2/5/18</div>
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I, Sheri Sadler,

being/on behalf of: _____,

a legally qualified candidate of the _____

political party for the office of: _____

in the _____

election to be held on: _____

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
See request email					

Attach proposed schedule with charges (if available):

I represent that the payment for the above described broadcast time has been furnished by:

and you are authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

See Letter of Authorization

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates).

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

To Be Signed By Candidate or Authorized Committee

Date

Signature

To Be Signed By Station Representative

Accepted

☐ Accepted in Part

☐ Rejected

Signature

Printed Name _____

Title

FEDERAL CANDIDATE CERTIFICATION

In Order For Federal Candidates To Receive The Lowest Unit Charge During A Political Window, The Following Certification Is Required:

I, _____
(name of federal candidate or authorized committee) hereby certify that the programming to be broadcast (in whole or in part) pursuant to this agreement:

☐ does

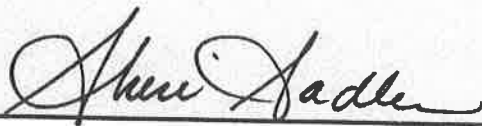
☐ does not

refer to an opposing candidate (check applicable box). I further certify that for the programming that does refer to an opposing candidate:

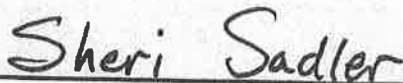
(check applicable box)

☐ the radio programming contains a personal audio statement by the candidate that identifies the candidate, the office being sought, and that the candidate has approved the broadcast.

☐ the television programming contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds, and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast, and that the candidate and/or the candidate's authorized committee paid for the broadcast.



signature of candidate or authorized committee



printed name

date

AGREED UPON SCHEDULE

(TO BE FILLED IN ONLY IF STATION DOES NOT ACCEPT ALL OF
CANDIDATE'S REQUEST)

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
<i>See order</i>					

Attach proposed schedule with charges (if available):

AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- 1) actual air time and charges for each spot;
- 2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- 3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

Note: Because the FCC requires that the political file contain the actual times the spots air and the rates charged, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that specific spots aired and the rates charged. The FCC's online political files include a folder for "Terms and Disclosures." NAB suggests that, for stations subject to the online public file rule, the names of contact person(s) be placed in that folder.